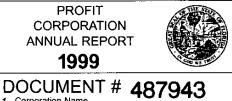
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

ROB-KING ENTERPRISES, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90005 026 ***150.00

| Principal Place | e of Business | Mailing Address | | | | | | |
|--|--|--------------------|-------------|--------------------|--------------------|--|-----------------|--------------------|
| 3712 BROADWAY | | 3712 BROADWAY | | | | | | |
| | | | BOX 078797 | | | DO NOT WRITE IN TURE | PACE | |
| WEST PALM BEACH FL 33407 WEST PALM BEACH FL 334 | | | H FL 33407 | 17 | | DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified | PACE | |
| | | | | | | 10/20/1975 | | |
| - DE | land of Division | 0- 11-11 1-1 | | | | 10/20/1975 4. FEI Number | 1 . | |
| ─ , ' | lace of Business | 2a. Mailing Addres | SS | | | 1 " | _ | oplied For |
| 21 | 4 -1- | 26 | | | | 59-1640520 | | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, e | ₽IÇ. | | | 5. Certifcate of Status Desired | | Additional equired |
| 22 | | City & State | | | | | | |
| City & State | e | · | | | | 6. Election Campaign Financing | | May Be to Fees |
| 23 | Country | 28 7in | | Country | | Trust Fund Contribution | | io rees |
| Zip | Country | Zip | | Journa y | | 8. This corporation owes the current year Inta | ngibie ⊠Yes | □No |
| 24 | 25 | 29 | 30 | 1 | | Personal Property Tax. 10. Name and Address of New Registered A | | |
| | 9. Name and Address of Current | Registered Agent | | 81 | Name | 10. Ivanie and Address of Ivew Aegistered A | yen | |
| MOR | RIS, ROBERT E | | | " | Hairie | | | |
| 145 OCEAN AVE APT 609 | | | | 82 Street Addr | | dress (P.O. Box Number is Not Acceptable) | | |
| PALM BEACH SHORES | | | | 83 | | | - | |
| PALM BEACH FL 33404 | | | | 83 | | | | |
| PALM BEAUTIFE 33404 | | | | 84 | City | | 85 Zip | Code |
| | | | | | - | <u> </u> | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| | Signature, typed or printed name of registered agent | | | ered Ageni | t signature requir | red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND | DIDECTO | DPS IN 12 |
| 12. | P OFFICERS AND | | | 1 TITLE | | ADDITIONS/CHANGES TO OFFICERS AND | Change | Addition |
| TITLE | - | | | | • | [] ondingo | | |
| NAME | MORRIS, ROBERT K | | | 1.2 NAME | | | | |
| STREET ADDRESS | 220 CHURCHILL ROAD | | | | ADDRESS | | | - |
| CITY-ST-ZIP | WEST PALM BEACH FL | | | 1.4 CITY-ST-ZIP | | | | Addition |
| TITLE | · | | | 2.1 TITLE | | and the second s | Change | Addiabh |
| NAME | MORRIS, DOROTHY K | | 2. | 2 NAME | | | | |
| STREET ADDRESS | 145 OCEAN AVE | | 2. | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | PALM BCH SHRS FL | | | 4 CITY-S | T-ZIP | | | |
| TITLE | • | | 1 TITLE | | | ☐ Change | ☐ Addition | |
| NAME | MORRIS, PAUL K | · - · | | 2 NAME | | | | |
| STREET ADDRESS | 14721 GRANDVIEW | | | 3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | OVERLAND PARK KA | | | 4. CITY-S | T-ZIP | | | |
| TITLE | S | DEL | .ETE 4. | 1 TITLE | | | Change | ☐ Addition |
| NAME | MORRIS, ROBERT E | | 4. | 2 NAME | | | | Ī |
| STREET ADDRESS | 145 OCEAN AVE | | 4. | 3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | PALM BCH SHRS FL | | 4. | 4 CITY-ST | -ZIP | e e e e e e e e e e e e e e e e e e e | | |
| TITLE | | ☐ DEL | | 1 TITLE | | | ☐ Change | Addition |
| NAME | | | 5. | 2 NAME | | | | |
| STREET ADDRESS | | | 5. | 3 STREET | ADDRESS | | | 1 |
| CITY-ST-ZIP | | | 5. | 4 CITY-ST | -ZIP | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

☐ DELETE

Change

☐ Addition